

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1 ACCOUNT #</b> (Ethics Commission filers)	<b>2 Total pages filed:</b>  4
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR FIRST Richard NICKNAME LAST Weber MI A SUFFIX	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2703 Crestmoor Ct, Arlington, Tx 76016		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (817) 496-3734		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR FIRST Richard NICKNAME LAST Weber MI A SUFFIX	Date Received 05 MAY - 03 PM 8:50 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2703 Crestmoor Ct, Arlington, Tx 76016		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION (817) 496-3734		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month Day Year 04 / 04 / 2006 THROUGH 05 / 03 / 2006		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year 05 / 13 / 2006 ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>13 OFFICE SOUGHT (if known)</b> Arlington City Council - Place 6		
<b>14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</b>  <input type="checkbox"/> additional pages	<b>** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **</b> Name Address / PO Box; Apt. / Suite #; City; State; Zip Code		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Richard Weber

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 50.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 127.38

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

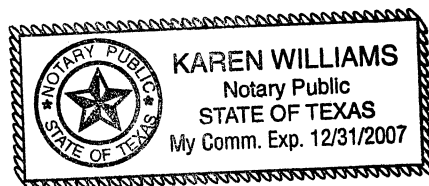
\$ 50.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 100.00

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Richard Weber, this the 5<sup>th</sup> day of May, 2006, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Karen Williams

Printed name of officer administering oath

Notary

Title of officer administering oath

**LOANS****SCHEDULE E**

<b>The INSTRUCTION GUIDE explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <span style="float: right; font-size: 1.5em;">1</span>
<b>2</b> FILER NAME <span style="font-size: 1.2em;">Richard Weber</span>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒ <span style="float: right; font-size: 1.5em;">\$ 0</span>		
<b>5</b> Date of loan <span style="font-size: 1.2em;">04/10/2006</span>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-size: 1.2em;">Richard Weber</span>	<b>9</b> Loan Amount (\$) <span style="font-size: 1.2em;">100.00</span>
<b>6</b> Is lender a financial Institution?  Y <input checked="" type="radio"/> N	<b>8</b> Lender address;   City;   State;   Zip Code  <span style="font-size: 1.2em;">2703 Crestmoor Ct, Arlington, Tx 76016</span>	<b>10</b> Interest rate <span style="font-size: 1.2em;">0.0%</span>
<b>12</b> Principal occupation / Job title (See Instructions)		<b>11</b> Maturity date
<b>13</b> Employer (See Instructions)		
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor  ..... <b>17</b> Guarantor address;   City;   State;   Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution?  Y    N	Lender address;   City;   State;   Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Employer (See Instructions)		
Description of Collateral <input type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;   City;   State;   Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

1

**2** FILER NAME

Richard Weber

**3** ACCOUNT # (Ethics Commission filers)**4** Date

4/12/2006

**5** Payee name

Richard Weber

**7** Amount  
(\$)

126.36

**6** Payee address; City; State; Zip Code

2703 Crestmoor Ct, Arlington Tx 76016

**8** Purpose of payment (See instructions regarding type of information required.)

printing

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

5/2/2006

Payee name

Richard Weber

Amount  
(\$)

1.02

Payee address; City; State; Zip Code

2703 Crestmoor Ct, Arlington Tx 76016

Purpose of payment (See instructions regarding type of information required.)

stamps

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**